



# Mauritius Institute of Professional Accountants

(Established under Financial Reporting Act 2004)

Mauritius Institute of Professional Accountants

## REGISTRATION FORM 2018/2019

(For Professional Accountants)

### SECTION A - PERSONAL DETAILS

|   |  |
|---|--|
| <b>Title</b>  |  |
| <b>Surname</b>  |  |
| <b>Forename(s)</b>  |  |
| <b>Maiden Name</b>  |  |
| <b>Nationality</b>   <b>NIC No.</b>   |  |
| <b>Date of Birth</b>  |  |
| <b>Age</b>  |  |
| <b>Correspondence Address</b>   |  |
| <b>Phone</b>  |  |
| <b>Mobile</b>   |  |
| <b>Fax</b>  |  |
| <b>E-mail</b>   |  |
| <b>Name and contact details of Employer</b>                                   |  |
| <b>Name and contact details of Member Firm of Accountants (if applicable)</b> |  |

### Qualifications (Please submit Documentary Evidence for professional qualifications)

|  |  |
|--|--|
| <b>Academic Qualifications</b>                       |  |
| <b>Name of Professional Accountancy Organisation</b> |  |
| <b>Date Qualified</b>                                |  |
| <b>Membership Number</b>                             |  |

### SECTION B - WORKPLACE - EMPLOYMENT AND/OR PRACTICE DETAILS

Please indicate your main personal specialisms with a tick (☑) in the columns below

|   |                             |  |
|---|-----------------------------|--|
| 1 | Internal Audit              |  |
| 2 | Statutory Audit             |  |
| 3 | Assurance                   |  |
| 4 | Information Technology      |  |
| 5 | Insolvency and/ or Recovery |  |
| 6 | Management Consultancy      |  |
| 7 | Investment Advice           |  |
| 8 | Taxation                    |  |



Suite 1104, 11<sup>th</sup> Floor, SIT Business Centre, THE CORE, 62, Cybercity, Ebene  
Tel: 4677096 Fax: 4681880

Email: [info@mipa.mu](mailto:info@mipa.mu) Website: [www.mipa.mu](http://www.mipa.mu)





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|    |                             |  |
|----|-----------------------------|--|
| 9  | Training or Human Resources |  |
| 10 | Practice Management         |  |
| 11 | Global Business             |  |
| 12 | Financial Management        |  |
| 13 | Treasury                    |  |
| 14 | Consultancy                 |  |
| 15 | Planning & Strategy         |  |
| 16 | Management Accounting       |  |
| 17 | Pensions                    |  |
| 18 | Marketing                   |  |
| 19 | Administration              |  |
| 20 | Company Secretarial         |  |
| 21 | Other (please specify)..... |  |

## **SECTION C - THOSE IN BUSINESS ONLY**

The nature of your company's business has been classified against a Standard Industry Classification. Please tick ONE of the boxes below to indicate the nature of your company's business

|    |  |  |
|----|--|--|
| 1  | Agriculture, Forestry, Fisheries   |  |
| 2  | Building, Construction, Civil Engineering  |  |
| 3  | Business Services / Consultancy  |  |
| 4  | Catering, Hotels, Tourism  |  |
| 5  | Distribution – Retail and/ or Wholesale  |  |
| 6  | Financial Services / Property – Banking, Insurance, Investment Management Companies, Security Dealing, Property and Real Estate                                  |  |
| 7  | Food, Drink and Tobacco  |  |
| 8  | Government, Public Sector, Regulatory Bodies etc...  |  |
| 9  | Industry – Tools, Chemicals/ Plastics, Textiles, Pharmaceuticals, Domestic Products, Electrical Goods, Electronics, Furniture/Wood Products, Printing, Packaging |  |
| 10 | Media – Arts, Entertainment, Publishing, etc...  |  |
| 11 | Utilities – Power, Electricity, Gas, Water Supply  |  |
| 12 | Social Services, Health and Education  |  |
| 13 | Transport Storage, Shipping, Telecommunications  |  |



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**SECTION D** - Declaration (for individual members only) - (Under Section 51(5) and 52 of The Financial Reporting Act 2004 and Rule 5 of the Rules governing Membership Requirements of MIPA).

I hereby declare that:

1. I am a citizen of Mauritius or, being an expatriate, I hold or I am legally exempted from holding a work permit/ occupation/residence permit.
2. I am a compliant member of the professional accountancy body from which I have qualified.
3. I have not been convicted or been found guilty for any criminal offence in any country.
4. I have not been subject to a disciplinary action by a Professional Accountancy Body/Regulatory Authority. I undertake that, for so long as I am a member, I will observe the rules and regulations of MIPA.
5. I confirm that the details I have given are true to the best of my knowledge at the time of signing. If there is a change in my particulars, I undertake to inform MIPA within 30 days of this change.
6. I enclose herewith the sum of Rs \_\_\_\_\_, being dues for the period from 1 July 2018 to 30 June 2019, as detailed above.
7. I confirm that I have read the IFAC Code of Ethics issued by the IESBA for Professional Accountants and adhere to the same.

*(Note: Members employed by the Government, a local authority under the Local Government Act 2011 or the Rodrigues Regional Assembly under the Rodrigues Regional Assembly Act are exempted from paying Membership fees and must provide proof of employment.)*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## Section E- Subscription (1 July 2018 to 30 June 2019)

|                         |                         | Rs       | Rs |
|-------------------------|-------------------------|----------|----|
| Professional Accountant | <b>Application Fees</b> | Rs 3,000 |    |
|                         | <b>Annual Fees</b>      | Rs 2,000 |    |
| Total due               |                         |          |    |

## **SECTION F: List of documents to be submitted along with registration form are**

- ✓ A copy of Membership Certificate from Professional Accountancy Organisation
- ✓ A copy of Marriage Certificate (if name is different from that on the Certificate)
- ✓ A copy of Residential/ Occupational/ Work Permit (where applicable)
- ✓ Proof of employment (where applicable)
- ✓ Good standing letter from Professional Accountancy Organisation (not dated more than 3 months)

*Note: Failure to provide applicable document(s) at time of registration might result in refusal to process the registration.*

## **SECTION G - AUTHORISATION (ALL)**

I, the undersigned, hereby authorise the Mauritius Institute of Professional Accountants to contact my registering Institute / Association to disclose more information on the particulars above.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_